2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 26, 2004 8:00 am Secretary of State

DOCUN 1. Entity Name VAZ GRO	9	# P00000100	67	3					07-26-2	_	08 018 ***	
Principal Place		<u> </u>		ailing Address								
199 BOCA RA 1A	TON RD	i	_	99 BOCA RATON RD A					4404983	3		
BOCA RATON, FL 33432				BOCA RATON, FL 33432				L IN BUILDER IN BRAIN BRUIK				
2. Principal Place of Business 1115 BOCA RATON RD				3. Mailing Address 1/11 Boca Raton 20								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				07202004	Chg-P	CR2E	034 (10/03)		
BOER RATON FC			120014 104701			FL	,	4. FEI Number 65-105			 	plied For t Applicable
33432		-Country	33 Y32 Coun		try	-	5. Certificate of Status Desired		Fee Required			
		and Address of Current F	legis	stered Agent		Name			Address of New I	Registered	Agent	
VAZ, ANTHONY							12	ANThor				
199 BOCA RATON RD 1A				ļ			treet Address (P.O. Box Number is Not Acceptable)					
BOCA RAT	ΓΟΝ, FL 3	3432										
	:	^				City F	30.Ch	- Pleason	<i>-</i>	FI	Zio Code	32
		sulfmits this statement for erectagent.	the	ourpose of changing its	registere	ea office or	register	red agent, or bo	th, in the State of F			and accept
SIGNATURE: 7/w/o Y												
1-	Signature, typed	or printeu flame is registerad agenta	nd title	rt applicable, (NOTI	: Registers	d Agent signatu	ne requiren	when reinstating)		DVJÆ		
FILE NOW!!! FEE IS \$150.60 Due by September 8, 2004 9. Election Campaign Financin Trust Fund Contribution.								.00 May Be led to Fees	In accordance corporation did			
10.		OFFICERS AND	DIRE	CTORS	11.			ADDITIONS	CHANGES TO OF	FICERS AN	ID DIRECTORS	S IN 11
TITLĘ NAME	P Delete VAZ, ANTHONY					£ .	(P)	- ANT	1201		Change	Addition .
STREET ADDRESS 199 BOCA RATON RD 1A				NAME STREE			111	BICA RATEN RA BICA RATEN RA BICA RATEN EL 3343				
City-si-zip BOCA RATON, FL 33432				СІТҮ			B	en no	10N EL 3	3 Y J		
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STREET ADDRESS	1 9	1		_		FT ADDRESS						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied entire and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee in provered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an laddress, with all other like empowered. SIGNATURE:												
SIGNAL	UNE.	SIGNATURE AND TYPED OR P	SWITE	O NAME OF SIGNING OFFICER	OR DIREC	TOR			Date	1 1	Daytime Phone #	